

Assessment of the Knowledge and Attitude Towards Mental Illness Among Non-Clinical Health Care Workers in University of Benin Teaching Hospital

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ABSTRACT

Background: Workers in the hospital environment are among the important stakeholders for the health of the society. Non-clinical hospital workers who are not directly in-touch with the patient have a major role in the indirect aspect of patient care. This role of theirs will be better played if they have a good knowledge of illnesses including mental disorders.

Objective: To assess the knowledge as well as attitude towards mental illness among non-clinical staff in the University of Benin Teaching Hospital

Methods: The study design is a descriptive cross-sectional one. A simple random sampling technique was done to select respondents who are non-clinical staff by going round all the departments in the hospital. A purposely designed instrument was used for data collection.

Results: Out of the 115 respondents studied, the majority, 96.0% (n = 110) had a good knowledge of mental illness while five (4%) respondents had poor knowledge. Furthermore, the attitude towards mental illness showed that the majority, 95.0% (n = 109) had good attitude of mental illness while six (5%) respondents had poor attitude. Socio-demographic characteristics including the respondents' designation at work and years of service did not impact their knowledge and attitude of mental illness in a statistically significant way.

Conclusion: Several conclusions can be drawn from this study, the most important being a generally good knowledge and positive attitude towards mental illness.

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INTRODUCTION

Mental illness also called mental health disorders refers to a wide range of mental health conditions that affect the mood, thinking and behaviour (Mayo Clinic, 2023). According to the World Health Organization (WHO), mental health includes personal well-being, perceived self-efficacy, autonomy, competence, intergenerational dependency, and acknowledgment of the capacity to reach one's intellectual and emotional potential (WHO, 2024).

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Individuals with mental disorders will benefit a lot from health care. One of the main challenges to seeking health care is the negative perception associated with mental illness. To reduce these negative perceptions about mental illness, it is important that the health care providers and all

stake holders in the mental health profession offer care in dignified settings. The attitude of the mental health professionals to the patients goes a long way in helping the patients who access care to develop a good perception of themselves, the mental illness and the mental health services. Generally in Nigeria, it has been documented that most people have misconception and misbelief about mental illness, hence stigmatize people with mental illness (Opalauwaekwe et al., 2017) This picture is expected to be better among the mental health professionals who care for the mentally-ill. In the hospital environment, the group of staff who attend to the mentally-ill patients can be grouped into two categories, the Clinical staff and the Non-Clinical staff. The Clinical staffs include the Psychiatrist, the Psychiatric nurse, Occupational therapist etc. The Non-clinical staff include the security staff, ward attendants, record officers etc (Santiago, 2020). Frequently, the focus has been on the Clinical staff, but it is important to note that the Non-clinical staff may be the first set of hospital staff that may come in contact with the patient and direct them to see the doctors and nurses. Thus, it is pertinent to know the perspective of such non-clinical staff about mental illness.

Thus, study was aimed at understanding the perspective of the non-clinical staff about mental illness.

The general well-being of people, societies, and nations depends on their ability to maintain their health and mental health is a vital aspect of this. Despite being crucial for human survival, mental health is often given less priority than physical health in many societies. This may be partially attributable to the misconceptions and myths that exist about mental diseases throughout the world (Abbay et al., 2018). According to the World Health Organization (WHO), mental health includes personal well-being, perceived self-efficacy, autonomy, competence, intergenerational dependency, and acknowledgment of the capacity to reach one's intellectual and emotional potential (Aina et al., 2015).

Negative perceptions, anxiety, and stigmatization are to blame for the exclusion of mentally-ill people and their lack of access to effective psychiatric care. As a result of this, mentally-ill people seek professional assistance from hospitals only after exhausting all other options and their symptoms have gotten worse. This has a detrimental impact on the treatment outcome (Belayneh et al., 2019; Benti et al., 2016).

Because of ignorance of mental disease, mental problems are associated with negative and stigmatizing sentiments (Arnault, 2014; DFID,

2013). In the community, those who suffer from mental illness are seen as unpredictable, dangerous, and different from others. The low rates of seeking psychiatric assistance are mostly caused by a lack of understanding of mental health diseases, their symptoms, and psychiatric therapies (Sampaio et al., 2022). There is evidence that decreased stigma results from a better understanding of mental disorders (Kerebih et al., 2017; Laraib et al., 2018).

Adequate knowledge of mental disorders includes the ability to recognize mental health issues, awareness of risk factors and causes, and the knowledge that professional assistance is accessible. In the hospital environment, it is not only the core clinical staff that play a role in the care of the mentally-ill. Other non-clinical staff includes the administrative staff, record staff, security men, the support staff etc. They play a major role. Thus, it is important to study the non-clinical staff. This study is therefore aimed to determine the knowledge of and attitude towards mental illness among non-clinical health workers in the hospital. The objectives of the study were the assessment the knowledge of mental illness among non-clinical health care workers at the University of Benin Teaching Hospital, as well as their attitudes towards the mentally-ill.

MATERIALS AND METHODS

This research was carried out in University of Benin Teaching Hospital (UBTH).

The study design is a descriptive cross-sectional study of knowledge and attitude towards mental illness among non-clinical health workers in UBTH. The study was carried out for four months from June to September 2022.

The population comprised of non-clinical health care workers who are present in University of Benin Teaching Hospital, Benin City.

The sample size calculated using the formula:

$$n = \frac{Z_{\alpha/2}^2 pq}{d^2} \text{ was } 115$$

A simple random sampling was adopted to select respondents.

The researcher ensured that the respondents were representative of every department by going round the various departments in the hospital and administering the questionnaires to willing respondents using a simple random sampling, till the calculated sample size was accomplished.

The questionnaire which was purposely designed for the study was self-administered and was made up of three sections. The first part of the questionnaire focused on the respondents' bio-data. The second part focused on the knowledge of

mental illness among non-clinical health care workers. The third section comprised of questions which focused on attitude towards mental illness among non-clinical health care workers. The study ensured voluntary participation of respondents in the course of the study and informed consent was obtained from all participants. Statistical Package for Social Sciences (SPSS) was used for data analysis. Results were presented in tables and charts.

RESULTS

A higher proportion, 24.3% (n = 28) of respondents were between 36 - 40 years of age while twenty-six (22.6%) respondents were between 41- 45 years of age. The mean \pm SD age (years) of study participants was 39.9 \pm 8.6 years. More than half, 62.6% (n= 72) of the respondents were male while forty-three (37.4%) respondents were female. A higher proportion, 60.9% (n =70) of the respondents were married while forty-four (38.3%) respondents were single. Majority, 96.5% (n = 80)

of the respondents were Christians while three (2.6%) respondents were Muslims. A higher proportion, 44.3% (n = 51) of the respondents belonged to the Benin ethnic group while twenty-three (20.0%) respondents were from Esan (Table 1a).

Sixty-six (57.4%) respondents had attained tertiary education while twenty-three (20.0%) respondents had attained post-graduate education. One third, 38.3% (n= 44) of the respondents were administrative officers while twenty-two (19.1%) respondents were record clerks. Majority, 63.5% (n = 73) of the respondents had served between 1 – 10 years in service (Table 1b).

Majority, 97.0% (n = 112) of the study participants had heard of mental illness while 3% (n=3) respondents had not (Figure 1). A quarter, 25.2% (n = 29) of the respondents heard of mental illness from the internet/media while 21.7% (n=25) of the respondents heard from school/seminar/books (Figure 2).

Table 1a: Socio-demographic characteristics of the respondents

Variable	Frequency (n=115)	Percent
Age Group		
21-25	9	7.8
26-30	12	10.4
31-35	11	9.6
36-40	28	24.3
41-45	26	22.6
46-50	18	15.7
50 and above	11	9.6
Mean \pm SD	39.9 \pm 8.6	
Sex		
Male	72	62.6
Female	43	37.4
Marital Status		
Single	44	38.3
Married	70	60.9
Divorced	1	0.9
Religion		
Christian	111	96.5
Muslim	3	2.6
African Traditional Religion	1	0.9
Tribe		
Benin	51	44.3
Esan	23	20.0
Yoruba	11	9.6
Igbo	10	8.7
Etsako	6	5.2
Hausa	3	2.6
Others	11	9.6

Majority, 90.4% (n = 104) of the respondents agreed that mental illness are a kind of medical disorders while 9.6% (n=11) of the respondents disagreed. Majority, 90.4% (n = 104) of the respondents agreed that Mental illness are

treatable while 9.6% (n=11) of the respondents disagreed. Three quarters, 74.8% (n = 86) of the respondents agreed that people recover from severe mental illness while 25.2% (n = 29) of the respondents disagreed. Majority, 96.5% (n = 111) of

the respondents agreed that living alone is treatment for mental illness while 3.5% (n = 4) of the respondents disagreed. Majority, 94.8% (n = 109) of the respondents agreed that mental illness requires treatment from psychiatric hospital while 5.2% (n = 6) of the respondents disagreed. Two thirds, 67.8% (n = 78) of the respondents agreed that mental illness can be managed at home by families while 32.2% (n = 37) of the respondents disagreed. Three quarters, 74.8% (n = 86) of the respondents agreed that children can develop mental illness while 25.2% (n = 29) of the

respondents disagreed (Table 2). Over two thirds, 70.4% (n = 81) of the respondents stated their knowledge on mental illness symptoms involves noticing strange and unusual behaviour, while 48.7% (n=56) of the respondents stated that hearing and seeing of things not experienced by others was their knowledge on symptoms of mental illness (Figure 3).

Majority, 96.0% (n = 110) study participants had good knowledge of mental illness while 4% (n=5) of the respondents had poor knowledge (Figure 4)

Table 1b: Socio-demographic characteristics of the respondents (contd.)

Variable	Frequency (n=115)	Percent
Level of Education		
Primary	3	2.6
Secondary	23	20.0
Tertiary	66	57.4
Post-graduate	23	20.0
Designation		
Administrative Officer	44	38.3
Record Clerk	22	19.1
Environmental health officer	17	14.8
Engineer	11	9.6
Security	8	7.0
Oxygen attendant	5	4.3
Safety Officer	3	2.6
Driver	2	1.7
Cook	1	0.9
Fire fighter	1	0.9
Cashier	1	0.9
Years in service		
1-10	73	63.5
11-20	34	29.6
21-30	8	7.0

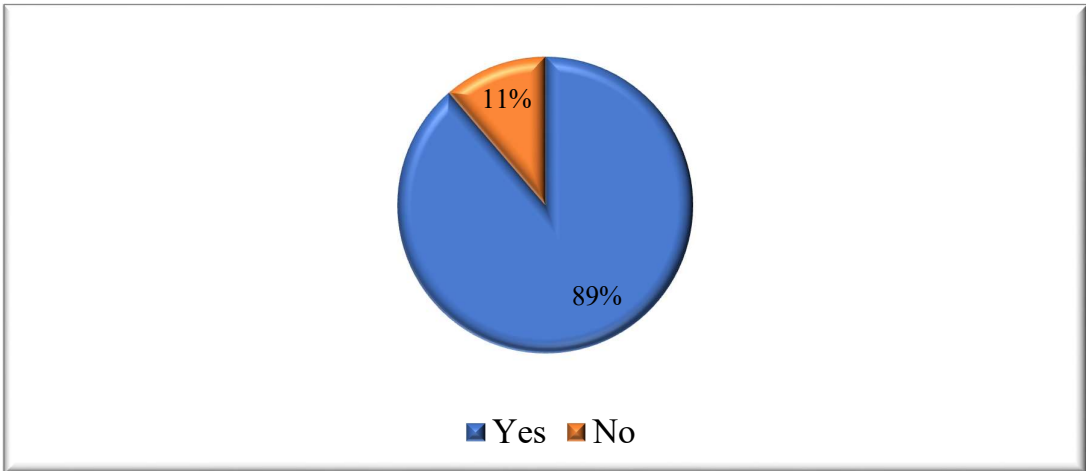


Figure 1: Previous knowledge of mental illness among the respondents

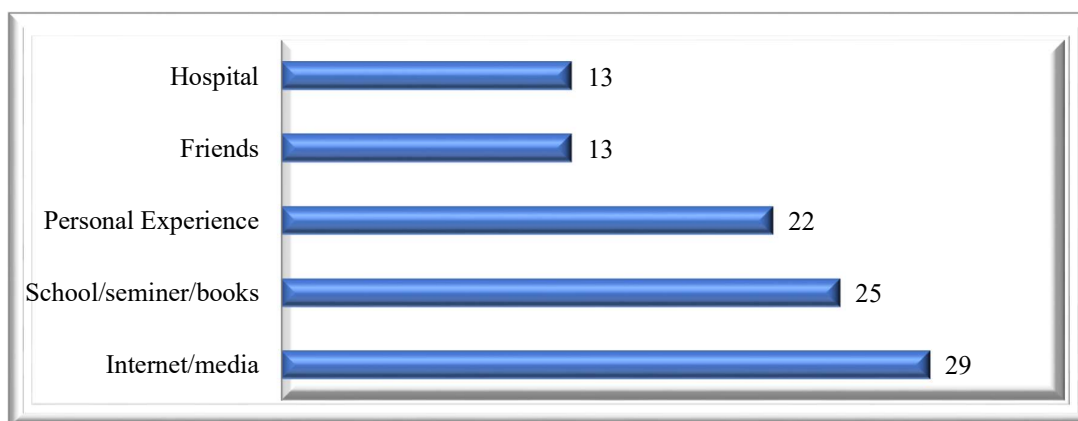


Figure 2: Source of Information among the respondents



Figure 3: knowledge on symptoms of mental illness among the respondents

Table 2: Knowledge of mental illness among the respondents

Variable	Frequency (n=115)	Percent
Mental illness are a kind of medical disorders		
Yes	104	90.4
No	11	9.6
Mental illness are treatable		
Yes	104	90.4
No	11	9.6
People recover from severe mental illness		
Yes	86	74.8
No	29	25.2
Living alone is treatment for mental illness		
Yes	111	96.5
No	4	3.5
Mental illness requires treatment from psychiatric hospital		
Yes	109	94.8
No	6	5.2
Mental illness can be managed at home by families		
Yes	37	32.2
No	78	67.8
Children can develop mental illness		
Yes	86	74.8
No	29	25.2

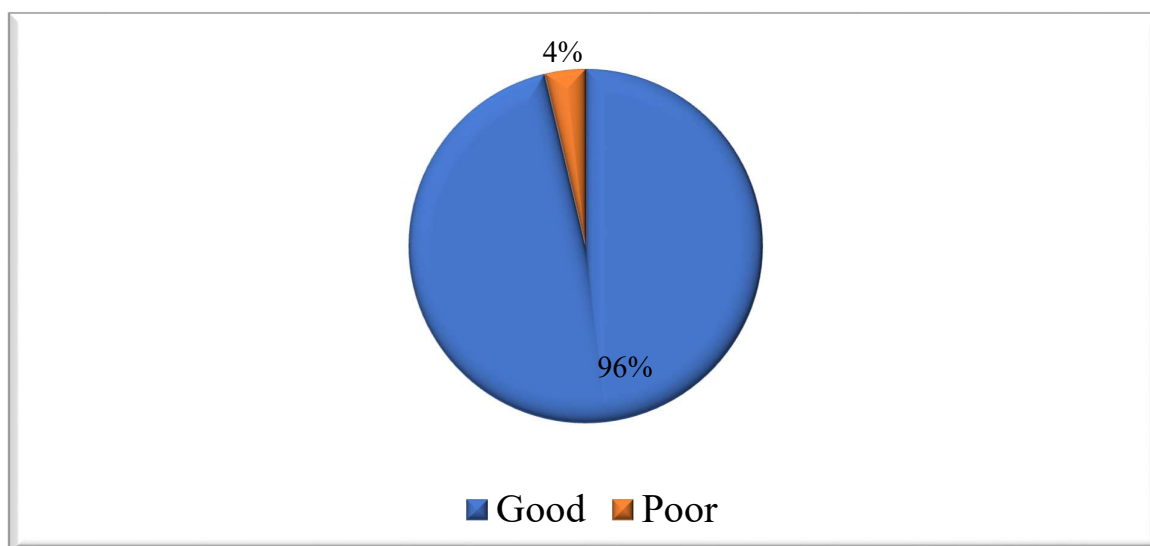


Figure 4: Knowledge of mental illness among the respondents

A higher proportion, 28.0% (n = 33) of the respondents agreed that mental disorder is like any other disease while 24.3% (n = 28) of the respondents strongly agreed to the notion. A higher proportion, 44.3% (n = 51) of the respondents agreed that anybody can have mental disorder while about a third, 32.1% (n = 37) of the respondents strongly agreed to the notion. Majority, 62.6% (n = 72) of the respondents strongly agreed to advise anyone with mental disorder to visit psychiatrist while a third, 34.8% (n = 40) agreed to the notion.

Half, 52.2% (n = 60) of the respondents agreed to be friends with a mental disordered while a third, 27.0% (n = 31) strongly agreed to this notion. A third, 33.0% (n = 38) of the respondents strongly disagreed to marrying someone with mental disorder. Thirty-five (30.4%) of the respondents disagreed that mentally disordered should be given responsibility.

A higher proportion, 31.3% (n = 36) of the respondents disagreed to sharing office/house with mentally disordered while twenty-six (22.6%) respondents were undefined in their decision. A higher proportion, 36.5% (n = 42) of the respondents disagreed that mentally disordered are violent and should be avoided while 27.8% (n=32) of the respondents agreed with the notion. A higher proportion, 37.2% (n = 43) of the respondents agreed that mentally disordered should be allowed to live normal life. A third, 33.0% (n = 51) of the respondents agreed that they can stay with the mentally disordered while 27.0% (n = 31) of the respondents disagreed with this notion. A higher proportion, 40.0% (n = 46) of the respondents strongly disagreed that mental illness

is a repercussion of evil deeds. Majority, 47.0% (n = 54) of the respondents strongly agreed to visiting a friend if admitted in the psychiatric ward (Table 3).

Majority, 95.0% (n = 109) study participants had good attitude towards mental illness while six (5%) respondents had poor attitude (Figure 5).

Twenty-three (82.1%) study participants between 36-40 years of age had good knowledge of mental illness compared with 24 (92.3%) between 40 – 45 years of age. There was no statistically significant association between age and knowledge of mental illness ($p=0.103$) Sixty-two (86.1%) males had had good knowledge of mental illness compared with 33 (76.7%) females. There was no statistically significant difference in knowledge of mental illness among males and females ($p = 0.214$).

Thirty-six (86.4%) of respondents who were single had good knowledge of mental illness while 56 (80.0%) of the respondent were married. There was no statistically significant association between marital status and knowledge of mental illness among study participants ($p = 0.550$).

Fifty-nine (89.4%) study participants with good knowledge of mental illness had attained a tertiary education while 19 (82.6%) respondents had attained post-graduate education as their highest level of education. There was no statistically significant association between level of education and knowledge of mental illness among study participants ($p = 0.057$). Forty-one (93.2%) admin officers had good knowledge of mental illness compared to seventeen (77.3%) record clerks. There was no statistically significant association between designation and knowledge of mental illness among study participants ($p = 0.054$). Twenty-nine (85.3%) study participants with good

knowledge of mental illness had spent 11 – 20 years in service compared to 62 (84.9%) respondents had spent 1 – 10 years in service. There was no

statistically significant association between years in service and knowledge of mental illness among study participants ($p = 0.112$) (Table 4).

Table 3: Attitude towards Mental illness among the respondents

Variable	Strongly n(%)	Agree n(%)	Agree n(%)	Undefined n(%)	Disagree n(%)	Strongly Disagree n(%)
Mental disorder is like any other disease	28 (24.3)	33(28.0)	4 (3.5)	31 (27.0)	19 (16.5)	
Anybody can have mental disorder	37 (32.2)	51(44.3)	1 (0.9)	16 (13.9)	10 (8.7)	
Advice anyone with mental disorder to visit psychiatrist	72 (62.6)	40(34.8)	0 (0.0)	1 (0.9)	2 (1.7)	
Be friends with a mentally disordered	31 (27.0)	60(52.2)	6 (5.2)	13 (11.3)	5 (4.3)	
Marry someone with mental disorder	9 (7.8)	22(19.1)	20 (17.4)	26 (22.6)	38 (33.0)	
Mentally disordered should be given responsibility	22 (19.1)	30(26.1)	8 (7.0)	35 (30.4)	20 (17.4)	
Share office/house with mentally disordered	12 (10.4)	16(13.9)	26 (22.6)	36 (31.3)	25 (21.7)	
Mentally disordered are violent and should be avoided	18 (15.7)	32(27.8)	8 (7.0)	42 (36.5)	15 (13.0)	
Mentally disordered should be allowed to live normal life	37 (32.2)	43(37.2)	12 (10.4)	16 (13.9)	7 (6.1)	
I can stay with the mentally disordered	16 (13.9)	38(33.0)	14 (12.2)	31 (27.0)	16 (13.9)	
Mental illness is a repercussion of evil deeds	8 (7.0)	18(15.7)	10 (8.7)	33 (28.7)	46 (40.0)	
Visit a friend if admitted in the psychiatric ward	53 (46.1)	54(47.0)	2 (1.7)	5 (4.3)	1 (0.9)	

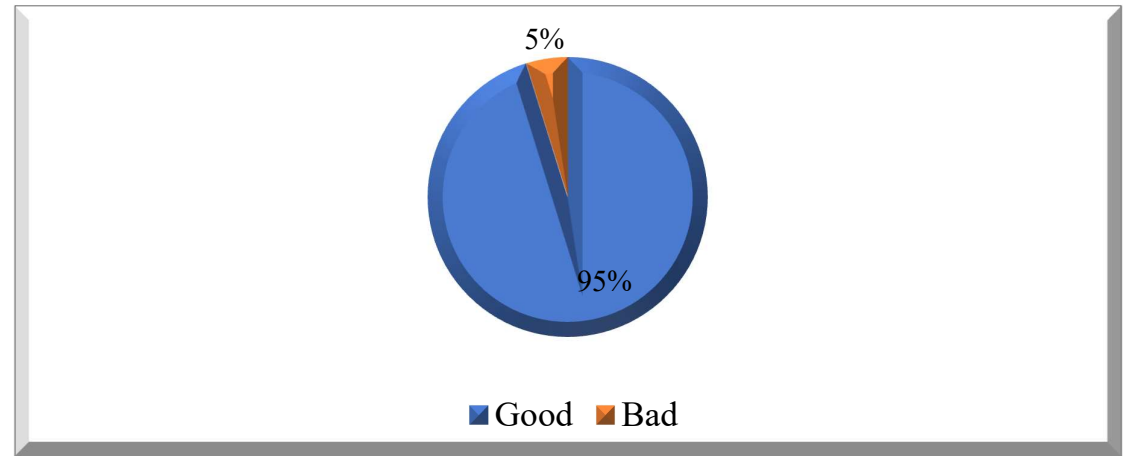


Figure 5: Attitude towards mental illness among the respondents

Three quarters, 21 (75.0%) study participants between 36 – 40 years of age had good attitude towards mental illness compared with 15 (57.7%) between 40 – 45 years of age. There was no statistically significant association between age and attitude towards mental illness ($p=0.745$). Thirty (69.5%) females had a good attitude towards mental illness compared to 43 (59.7%) males. There was no statistically significant difference in attitude towards mental illness among males and females ($p = 0.321$). Forty-five (64.3%) of respondents who were married had good attitude towards mental illness while 27 (61.4%) of the respondent were single. There was

no statistically significant association between marital status and attitude towards mental illness among study participants ($p = 0.900$).

Forty-two (63.6%) study participants with good attitude towards mental illness had attained a tertiary education while 15 (65.2%) respondents had attained post-graduate education as their highest level of education. There was no statistically significant association between level of education and attitude towards mental illness among study participants ($p = 0.984$). Twenty-eight (63.6%) admin officers had attitude towards mental illness compared to 13 (7.3%) record clerks. There was no statistically significant association

between designation and attitude towards mental illness among study participants ($p = 0.409$). Forty-eight (65.8%) study participants with good attitude towards mental illness had spent 11 – 20 years in service compared to 19 (55.9%) respondents had

spent 1–10 years in service. There was no statistically significant association between years in service and attitude towards mental illness among study participants ($p = 0.112$) (Table 5).

Table 4: Relationship between socio-demographic characteristics and knowledge of mental illness among the respondents

Variable	Knowledge (n=115)		Test statistics	P-value
	Poor n(%)	Good n(%)		
Age Group				
21-25	3 (33.3)	6 (66.7)	$\chi^2 = 10.407$	0.103
26-30	1 (8.3)	11 (91.7)		
31-35	0 (0.0)	11 (100.0)		
36-40	5 (17.9)	23 (82.1)		
41-45	2 (7.7)	24 (92.3)		
46-50	5 (27.8)	13 (72.2)		
51 and above	4 (36.4)	7 (63.6)		
Sex				
Male	10 (13.9)	62 (86.1)	$\chi^2 = 1.644$	0.214
Female	10 (23.3)	33 (76.7)		
Marital Status				
Single	6 (13.6)	38 (86.4)	Fisher's exact = 1.205	0.550
Married	14 (20.0)	56 (80.0)		
Divorced	0 (0.0)	1 (100.0)		
Level of Education				
Primary	1 (33.3)	2 (66.7)	$\chi^2 = 7.488$	0.057
Secondary	8 (34.8)	15 (65.2)		
Tertiary	7 (10.6)	59 (89.4)		
Post-graduate	4 (17.4)	19 (82.6)		
Designation				
Admin Officer	3 (6.8)	41 (93.2)	$\chi^2 = 18.390$	0.054
Record Clerk	5 (22.7)	17 (77.3)		
Environmental health officer	7 (41.2)	10 (58.8)		
Engineer	2 (18.2)	9 (81.8)		
Security	0 (0.0)	8 (100.0)		
Oxygen attendant	1 (20.0)	4 (80.0)		
Safety Officer	2 (66.7)	1 (33.3)		
Driver	0 (0.0)	1 (100.0)		
Cook	0 (0.0)	1 (100.0)		
Fire fighter	0 (0.0)	1 (100.0)		
Cashier	0 (0.0)	1 (100.0)		
Years in service				
1-10	11 (15.1)	62 (84.9)	$\chi^2 = 2.888$	0.112
11-20	5 (14.7)	29 (85.3)		
21-30	4 (50.0)	4 (50.0)		

DISCUSSION

Mental health literacy of the general public is essential for the effective promotion of society's mental health. Although mental health is an integral component of total health, in many countries it has been a largely neglected field (Jorm, 2000). The highest age group of respondents is 36 – 40 years with the mean and standard deviation of their age being 39.9 years (± 8.6), in which majority of them were males seventy-two (62.6%).

This is slightly in line with a study done in Lagos, south-west of Nigeria to assess the knowledge and attitude of adults residing in an urban local government area, with regards to mental health, with the mean and standard deviation of their age being 33.1 years (± 11.6) and the majority were males (52.9%). This could be explained by the fact that the most working age group in the country falls within this range, and thus form the larger part of the study (Teferra & Shibre, 2012).

Table 5: Relationship between socio-demographic characteristics and attitude towards mental illness among the respondents

Variable	Attitude (n=115)		Test statistics	P-value
	Bad n(%)	Good n(%)		
Age Group				
21-25	3 (33.3)	6 (66.7)	Fisher's exact= 3.627	0.745
26-30	4 (33.3)	8 (66.7)		
31-35	4 (36.4)	7 (63.6)		
36-40	7 (25.0)	21 (75.0)		
41-45	11 (42.3)	15 (57.7)		
46-50	9 (50.0)	9 (50.0)		
51 and above	4 (36.4)	7 (63.6)		
Sex				
Male	29 (40.3)	43 (59.7)	$\chi^2 = 1.172$	0.321
Female	13 (30.2)	30 (69.8)		
Marital Status				
Single	17 (38.6)	27 (61.4)	Fisher's exact= 0.665	0.900
Married	25 (35.7)	45 (64.3)		
Divorced	0 (0.0)	1 (100.0)		
Level of Education				
Primary	1 (33.3)	2 (66.7)	Fisher's exact= 0.313	0.984
Secondary	9 (39.1)	14 (60.9)		
Tertiary	24 (36.4)	42 (63.6)		
Post-graduate	8 (34.8)	15 (65.2)		
Designation				
Admin Officer	16 (36.4)	28 (63.6)	$\chi^2 = 10.439$	0.409
Record Clerk	9 (40.9)	13 (59.1)		
Environmental health officer	5 (29.4)	12 (70.6)		
Engineer	2 (18.2)	9 (81.8)		
Security	3 (37.5)	5 (62.5)		
Oxygen attendant	2 (40.0)	3 (60.0)		
Safety Officer	3 (100.0)	0 (0.0)		
Driver	1 (50.0)	1 (50.0)		
Cook	1 (100.0)	0 (0.0)		
Fire fighter	0 (0.0)	1 (100.0)		
Cashier	0 (0.0)	1 (100.0)		
Years in service				
1-10	25 (34.2)	48 (65.8)	Fisher's exact= 1.403	0.515
11-20	15 (44.1)	19 (55.9)		
21-30	2 (25.0)	6 (75.0)		

Findings from the study reveals that majority, seventy (60.9%) of the respondents were married which is in line with a study done in Uganda to assess the knowledge and attitudes towards mental illness and the care among residents of cell b Ishaka Municipality, with more than half of the respondents thirty-five (52.2%) married. Findings also revealed that majority, one hundred and one (96.5%) of the respondents in the study were Christians which is contrary to the study done in Uganda (Tesfaye et al., 2021) where majority of the respondents were Muslim, but in line with a study done in Yaoundé Cameroun to assess the knowledge, attitude and belief of the general public towards mental health (Wei et al., 2015), of which majority (85.2%) of the respondents were Christian This may be due to the fact that the predominant religion in Edo state is Christianity.

Findings from this study reveals that majority seventy-three (63.5%) of the respondents had served between 1–10 years in their current designation, which was in line with a study done in north- east of Nigeria, Damaturu, to non-mental health workers' attitudes and perceptions towards people with mental illness in a tertiary health facility (Yuan et al., 2003), of which majority (42.8%) of the respondents had greater than 8 years in their current designation. This could also be explained that for quite some years, there has not been employment due to the government's policy on employment.

Findings from the study revealed that majority one hundred and twelve (97%) of the respondents have heard of mental illness. This is in line with a study done in Lagos, south-west of Nigeria to assess the knowledge and attitude of adults residing in an

urban local government area, with regards to mental health¹⁵, of which 95.5% of the respondents have heard of mental illness prior to the study. This can be explained by the fact that the respondents work in a hospital environment though not clinical staff, and are opportune to attend to different patients and patient's relatives when they come into the hospital.

Findings from this study also revealed that a larger part twenty-nine (28.4%) of the respondent that have heard of mental illness got their information about mental illness from internet and media. This is in contrast with a study done in Lagos, south-west of Nigeria to assess the knowledge and attitude of adults residing in an urban local government area, with regards to mental health, of which larger part of the study population (42.7%) heard about mental illness from their neighbours. This is because in recent years, people have taken to the internet to get information about several topic.

Nearly all the respondents eighty-one (70.4%) from this study revealed that strange and unusual behaviour is a symptom of mental illness. This is in line with study done in Lagos, south-west of Nigeria to assess the knowledge and attitude of adults residing in an urban local government area, with regards to mental health (Teferra & Shibre, 2012) where majority of the sample population (65.7%) was of the opinion that inappropriate behaviour is a symptom of mental illness, and this is also in line with another study conducted in the Jimma zone Ethiopia, on the Knowledge of the community regarding mental health problems (Tesfaye et al.,2021), in which majority of the sample population (96.0%) was of the opinion that strange and unusual behaviour is a symptom of mental illness. This finding could reflect the similarities of mental health problem manifestations across different geographical locations of the world.

Findings from this study revealed that a larger proportion one hundred and four (90.4%) and eighty-six (74.8%) of the respondents was of the opinion that mental illness are also medical disorders and children could develop mental illness respectively. This is in line with a study conducted in the Jimma zone Ethiopia, on the Knowledge of the community regarding mental health problems (Tesfaye et al.,2021), where majority of the respondent 96.2% and 79.0% were of the opinion that psychiatric disorder are a kind of medical disorder and children could develop mental disorders respectively, but it was contrary to a study done to determine the attitudes of a rural community in Penang, Malaysia towards various

aspects of mental illness and towards community-based mental health facilities (WHO, 2003), where majority of the respondents were of the opinion that mental illness is not medical disorders. This finding could reflect the high awareness of mental illness among the non-clinical health-care workers of the university of Benin teaching hospital.

Also, findings from this study revealed that nearly all the respondents, one hundred and four (90.4%) were of the opinion that mental illnesses are treatable. This is also in line with a study conducted in the Jimma zone Ethiopia, on the Knowledge of the community regarding mental health problems (Tesfaye et al.,2021), where larger part of the sample population were also of the opinion that psychiatric disorders are treatable. These finding could confirm that despite the differences in the preference of treatment options, the community is hopeful and believes mental illness better treatment outcomes.

On the overall the knowledge of the respondents, majority of them, one hundred and ten (96.0%) have a good knowledge on mental illness. This is in line with a study conducted in the Jimma zone Ethiopia, on the Knowledge of the community regarding mental health problems (Yuan et al., 2003), where a larger part of the sample population 55.2% have a good knowledge on mental illness. This is in contrast with a study done in Lagos, south-west of Nigeria to assess the knowledge and attitude of adults residing in an urban local government area, with regards to mental health¹⁵, where a larger proportion 51.2% of the respondent have a poor knowledge of mental illness. This finding confirms that though the respondents were not clinical staff, the hospital environment exposed them to adequate knowledge about mental illness. Furthermore, findings from this study revealed that majority of the respondents on hundred and nine (95.0%) have a good attitude towards mental illness. This is in line with a study done in Lagos, south-west of Nigeria to assess the knowledge and attitude of adults residing in an urban local government area, with regards to mental health (Teferra & Shibre,2012), where a larger proportion 90.0% of the respondent have a good attitude towards mental illness. This is contrary to a study done in Yaoundé Cameroun to assess the knowledge, attitude and belief of the general public towards mental health (Thorncroft et al., 2016), where majority of the respondent have a negative attitude towards mental illness. This finding confirms that though the respondents were not clinical staff, the hospital environment exposed them to adequate knowledge about mental illness,

and this has also imparted their attitude towards mental illness.

Findings from this study revealed that there were no significant association between the socio-demographic characteristics and knowledge and attitude. This is contrary to a study done in Yaoundé Cameroun to assess the knowledge, attitude and belief of the general public towards mental health (Thornicroft et al., 2016), where findings revealed association between knowledge about mental illness and age, sex and types of neighbourhoods, although there was no association between variables such as educational and occupational statuses with knowledge and attitude regarding mental illness.

CONCLUSION

Several conclusions can be drawn from this study, the most important being a generally good knowledge and positive attitude towards mental illness among the non-clinical staff.

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Conflicts of interest

None declared

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